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PATENT

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Examiner:

Art Group:

N THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Bowles et al.

Serial No.: 08/346,834

Filed:

November 30, 1994

Date of Allowance: October 24, 1995

Batch No.: 038

January 8, 1996

Title: INTERRUPT MASK DISABLE

Assistant Commissioner for Patents Washington, D.C. 20231

CIRCUIT AND METHOD

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Services as first class mail in an envelope addressed to:

Assistant Commissioner for Patents

Print Name

1-16-96

Washington,

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required.

The fee has been calculated as shown below:

1

	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	11 -	19	=	0	x 22 =	\$ 00.00
Indep.	3 -	3	=	0	x 76 =	\$ 00.00
1st Presentation of Multiple Dep. Claim					x 240 =	\$
					TOTAL	\$ 00.00

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0447. A duplicate of this sheet is enclosed.

Any additional filing fees required under 37 CFR § 1.16.

Any patent application processing fees under 37 CFR § 1.17.

RESPECTFULLY SUBMITTED, Bowles et al.

By:

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